

Best Available Copy

PART B—ISSUE FEE TRANSMITTAL

242-695

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS

IGOR K KOTLIAR
POST OFFICE BOX 2021
NEW YORK NY 10159

33M1/0606
Box 15221 FEE
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10505.00

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Igor K. Kotliar
Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

RECEIVED
JUL 1 4 1997
PUBLISHING DIVISION

Check if additional changes are on reverse side
NO

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS (Dots)	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/505,621	07/21/95	025	ASHER, K.	3312 06/06/97
First Named Applicant KOTLIAR, IGOR K. (Please print name to email)				

TITLE OF INVENTION HYPOXIC ROOM SYSTEM AND EQUIPMENT FOR HYPOXIC TRAINING AND THERAPY AT STANDARD ATMOSPHERE PRESSURE (AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
3	128-205.110	N78	UTILITY YES	\$645.00	09/08/97	

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents.
OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 _____
2 _____
3 _____

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE HYPOXTCO INC. 10 NO SEND FEES OR DOCUMENTS TO D.C. 20228, Washington, D.C. 20228

(2) ADDRESS: (CITY & STATE OR COUNTRY) 50 Lexington Avenue, Suite 249 New York, NY 10010, U.S.A.

A. This application is NOT assigned.
 Assignment previously submitted to the Patent and Trademark Office.

Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

6a. The following fees are enclosed:
Issue Fee Advance Order - # of Copies _____

6b. The following fees should be charged to my account: 16505.00

DEPOSIT ACCOUNT NUMBER _____

(ENCLOSE PART C)

Issue Fee Advance Order - # of Copies _____

Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature) _____

(Date) _____

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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